

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106166

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** ADVANCE QUALITY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

1890 SW 57 AVE #104  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SW 57 AVE #104  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 36-4592155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, JUNIOR  
2130 SW 59 AVE  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, JUNIOR  
Address: 2130 SW 59 AVE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNIOR GONZALEZ

PRES

01/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date